



# Andover Newton

THEOLOGICAL SCHOOL

## Office of the Dean of Students

### DISABILITY SERVICE REQUEST

STUDENT INFORMATION	
Name:	Date:
E-mail:	
Home Telephone:	Cell Phone:

PLEASE ANSWER THE QUESTIONS BELOW:	
Degree Program: M.Div/M.A/D.Min.	M.A. Area:
Expected Graduation Date:	Date(s) Diagnosed:
<u>Please describe (1) your disability and (2) its anticipated impact on your academic life.</u>	
<u>Please describe previous academic, testing and/or residential accommodations.</u>	
<u>Are you planning to bring specialized equipment, including hardware/software? If yes, please describe:</u>	
<u>Describe documentation you are submitting with this form.</u>	

CLINICIAN/EVALUATOR:	
Name:	Phone/Fax/E-Mail:
Address:	
I will send documentation separately (date):	I will need assistance in providing documentation
	YES                      NO
I prefer to meet with the Dean of Students on (date):	

Please contact the Dean of Students at any time for clarification or assistance in this process (8:30-4:30 M-F).

**ANTICIPATED NEEDS:**

Please check anticipated needs based on your documentation:

- Extended Time
- Assistive Technology
- Digital Text/ Audio Texts
- Alternative format course materials
- Mobility access
- Sign Language interpreters/CART service
- Note takers
- Distraction free testing environment
- Housing accommodations
- Other: \_\_\_\_\_

**Mail this form and your clinical documentation to:**

**Rev. Dr. Mikel E. Satcher  
Dean of Students  
Andover Newton Theological School  
210 Herrick Road  
Newton Centre, MA 02459**

Phone (617) 831-2365; Fax (617) 831-1665, [msatcher@ants.edu](mailto:msatcher@ants.edu)

*The information I have provided is accurate to the best of my knowledge. I authorize Dean of Students Mikel Satcher or his disability consultant to consult, as needed, with clinicians to clarify documentation. I understand that once appropriate accommodations are identified for me it is up to me to notify my professors and that I may not receive accommodations retroactively.*

\_\_\_\_\_  
Student Signature

**Request for disability accommodations is a six-step process:**

- Disclosure of disability through Disability Services Request Form and clinical documentation
- Student's initiation of request(s) for services in above documentation
- Evaluation of request(s) and clinical documentation by Andover Newton Dean of Students
- Individual meeting with Dean of Students as or before the student begins classes (preferably prior to beginning classes)
- Receipt of "Accommodations Letter" from the DOS outlining student's accommodations
- The student discloses the disability to professors and provides a copy of the letter

**FOR OFFICE USE ONLY:**

Date Received: _____	Staff Initials: _____
Date Entered In Database: _____	Completion Date: _____
Documentation Complete:    YES    NO	
If no, documents needed: _____	
Student contacted by:    PHONE    EMAIL    LETTER    FAX	
Date student contacted: _____	Contacted by: _____

**I am looking forward to working with you!**